



TOP DEAD CENTER MOTOR CLUB

Membership Application

Date: _____

Name: _____ Birthday: _____

Spouses Name: _____ Birthday: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

Anniversary Date: _____

Children's Name _____ B'day _____ Children's Name: _____ B'Day _____

Children's Name _____ B'day _____ Children's Name: _____ B'Day _____

(Membership includes children up to the age of 18)

* Our Primary focus is to meet the needs of; hot rods, street rods, muscle cars, customs, rat rods, antiques, classics and lead sleds.

* We pride ourselves on being a family oriented motor club.

*We seek worthy causes, which will allow us to do charitable work within the community.

*Our goal is to promote the hobby and help fellow enthusiasts in any way we can. But most of all to have FUN!

Please let us know if you have a talent, skill or something you would want to offer to the club and its membership: _____

VEHICLE INFORMATION

#1. Make: _____ Model: _____ Year: _____ Body Style (2Dr., 4Dr. etc.): _____

#2. Make: _____ Model: _____ Year: _____ Body Style (2Dr., 4Dr. etc.): _____

#3. Make: _____ Model: _____ Year: _____ Body Style (2Dr., 4Dr. etc.): _____

#4. Make: _____ Model: _____ Year: _____ Body Style (2Dr., 4Dr. etc.): _____

ALL VEHICLES MUST HAVE CURRENT INSURANCE COVERAGE TO PARTICIPATE IN CLUB EVENTS.

I agree to abide by the rules, regulations and goals set forth by the Club Officers and Founding Members.

Signature: _____ Date: _____

Meetings are held the 1st Tuesday of each month, 7:30 PM at Tom Oates Automotive in Chester Springs, PA on Rte 113. Dues are \$15.00 per year single member, \$20.00 per year member and associate. Make checks payable to Top Dead Center Motor Club, PO BOX 173 Lionville PA 19353.

Referred By: _____

Contact us at tdcmotorclub@gmail.com For More Information visit us at www.tdcmotorclub.com